



## APPLICATION FOR BEREAVEMENT LEAVE

Date: \_\_\_\_\_

I request that my absence of \_\_\_\_\_ days, from \_\_\_\_\_ to \_\_\_\_\_ inclusive, which was occasioned by a death in my family, be charged to bereavement leave.

Name of Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Funeral: \_\_\_\_\_

Place of Service: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Print Name

☐ Approved

☐ Denied

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Administrative Official's Signature Date

(Please see Policy on Bereavement Leave for rules by which bereavement leave may be taken. Please attach this form to sick leave request form if you also are taking sick leave in conjunction with bereavement leave)